

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCR MANOR CARE PAC

ADDRESS (number and street)

333 NORTH SUMMIT STREET

16TH FLOOR

☐ Check if different than previously reported. (ACC)

TOLEDO

OH

43604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00260141

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Kevin Jackson

Signature of Treasurer

Mr. Kevin Jackson

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

29

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2015</div>		<div>16391.18</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>17391.17</div>	
(c) Total Receipts (from Line 19) .....	<div>60579.20</div>	<div>143004.04</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>77970.37</div>	<div>159395.22</div>
7. Total Disbursements (from Line 31).....	<div>72795.43</div>	<div>154220.28</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>5174.94</div>	<div>5174.94</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HCR MANOR CARE PAC**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

51646.87

117578.15

(ii) Unitemized .....

3931.21

14457.10

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

55578.08

132035.25

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

55578.08

132035.25

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

10966.50

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.12

2.29

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

60579.20

143004.04

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

60579.20

143004.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	295.43	470.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	295.43	470.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70500.00	134500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	19250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72795.43	154220.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72795.43	154220.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	55578.08	132035.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55578.08	132035.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	295.43	470.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	295.43	470.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Martin D Allen**

Mailing Address 7151 Whispering Oak

City  
Sylvania

State  
OH

Zip Code  
43560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39726**

Amount of Each Receipt this Period

2692.34

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Ayers**

Mailing Address 5184 N Quail Crest Dr

City  
Grand Rapids

State  
MI

Zip Code  
49546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39728**

Amount of Each Receipt this Period

40.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Melissa A Balestino**

Mailing Address 200 Zoo Road

City  
Fenelton

State  
PA

Zip Code  
16034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39732**

Amount of Each Receipt this Period

224.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2956.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 7 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Lynne M Bauerschmidt**

Mailing Address 7060 Middlebury

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Internal Training Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39735**

Amount of Each Receipt this Period

420.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Ms Julie Beckert**

Mailing Address 3911 Buell

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39736**

Amount of Each Receipt this Period

490.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Ruby G Boice**

Mailing Address 10445 Dexter Drive E

City

Jacksonville

State

FL

Zip Code

32218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Reg. Business Office Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39739**

Amount of Each Receipt this Period

140.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Lori Bott**

Mailing Address 558 Grass Lake Road

City

Coldwater

State

MI

Zip Code

49036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.39744

Amount of Each Receipt this Period

140.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Michelle Boyle-Haughney**

Mailing Address 1008 Sparrow Way

City

Breiningsville

State

PA

Zip Code

18031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.39745

Amount of Each Receipt this Period

120.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Joey Lee Boyles**

Mailing Address 567 Smalls Ferry Road

City

New Castle

State

PA

Zip Code

16102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Transaction ID : SA11AI.39746

Amount of Each Receipt this Period

156.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

416.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Mindy Brodie**

Mailing Address 2323 South St

City  
Philadelphia

State Zip Code  
PA 19146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39750**

Amount of Each Receipt this Period

238.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. David Burke**

Mailing Address 425 Kingwood Rd

City  
Linthicum Heights

State Zip Code  
MD 21090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.44

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39751**

Amount of Each Receipt this Period

592.34

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Candace Burks-McCoy**

Mailing Address 601 N. Shore Dr

City  
Cisco

State Zip Code  
TX 76437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39752**

Amount of Each Receipt this Period

700.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1530.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 48

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Charlotte Butts Price Leonard**

Mailing Address 911 Fieldstone Way

City

West Palm Beach

State

FL

Zip Code

33413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39753**

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Charlie Byrne**

Mailing Address 4685 Rio Poco Ct

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR. Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39754**

Amount of Each Receipt this Period

700.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Joseph Carpino**

Mailing Address 2200 Crooks Road #23

City

Troy

State

MI

Zip Code

48084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39756**

Amount of Each Receipt this Period

201.50

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1251.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial) <b>A. Steven M Cavanaugh</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>08 / 12 / 2015</div> </div>	
Mailing Address 9036 Sand Ridge Drive			<b>Transaction ID : SA11AI.39693</b>	
City Holland	State OH	Zip Code 43528	Amount of Each Receipt this Period <div> <div>5000.00</div> </div>	
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer HCR ManorCare Inc.	Occupation VP, Chief Financial Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>5000.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. Lynn Creighton</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>12 / 31 / 2015</div> </div>	
Mailing Address 200 Commonwealth Dr.			<b>Transaction ID : SA11AI.39757</b>	
City Bolingbrook	State IL	Zip Code 60440	Amount of Each Receipt this Period <div> <div>280.00</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR Manor Care, Inc.	Occupation Director of Nursing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>380.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. Ms Deborah Csaszar</b>			Date of Receipt <div> <div>MM / DD / YYYY</div> <div>12 / 31 / 2015</div> </div>	
Mailing Address 3715 Spear St.			<b>Transaction ID : SA11AI.39758</b>	
City Bethlehem	State PA	Zip Code 18020	Amount of Each Receipt this Period <div> <div>280.00</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR Manor Care, Inc.	Occupation Managed Care Consultant - Eastern			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>480.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial) <b>A. Denise F Curry</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 31 / 2015</div> </div>	
Mailing Address 503 Vilsack Road			<b>Transaction ID : SA11AI.39759</b>	
City Allegheny	State PA	Zip Code 15116	Amount of Each Receipt this Period <div> <div>896.00</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR. Manor Care, Inc	Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>1403.68</div> </div>		

Full Name (Last, First, Middle Initial) <b>B. Melinda Dechert</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 31 / 2015</div> </div>	
Mailing Address 3703 Kersten Dr			<b>Transaction ID : SA11AI.39761</b>	
City San Jose	State CA	Zip Code 95124	Amount of Each Receipt this Period <div> <div>140.00</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR ManorCare	Occupation Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>310.00</div> </div>		

Full Name (Last, First, Middle Initial) <b>C. David K Donin</b>			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 31 / 2015</div> </div>	
Mailing Address 11608 Everglade Court			<b>Transaction ID : SA11AI.39764</b>	
City North Potomac	State MD	Zip Code 20878	Amount of Each Receipt this Period <div> <div>156.00</div> </div>	
FEC ID number of contributing federal political committee. C		Payroll Contribution		
Name of Employer HCR Manor Care, Inc.	Occupation Administrator			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>312.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1192.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Sherry L Dorsey**

Mailing Address 602 South Hoffert Street

City State Zip Code  
 Bethlehem PA 18015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.80

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11AI.39765**

Amount of Each Receipt this Period

187.20

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Linda J Emmett**

Mailing Address 10408 Meadowlark Ct. East

City State Zip Code  
 Bonney Lake WA 98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11AI.39767**

Amount of Each Receipt this Period

1190.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. R Michael Ferguson**

Mailing Address 2450 Underhill Rd

City State Zip Code  
 Toledo OH 43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2098.05

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

**Transaction ID : SA11AI.39768**

Amount of Each Receipt this Period

1050.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2427.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Suzanne L Fisher**

Mailing Address 1504 Old Bernville Road

City

Leesport

State

PA

Zip Code

19533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR. Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11AI.39769**

Amount of Each Receipt this Period

280.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. George Frill**

Mailing Address 2006 Hale Ct

City

Wyomiseing

State

PA

Zip Code

19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

522.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11AI.39771**

Amount of Each Receipt this Period

281.40

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Gary T. Geise**

Mailing Address 28561 Woodland Ave

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Reimbursement

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11AI.39777**

Amount of Each Receipt this Period

350.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

911.40

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Holly L Gonzales**

Mailing Address 128 Porter St

City

Easton

State

PA

Zip Code

18042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39779

Amount of Each Receipt this Period

133.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Ruth G Graziano**

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39783

Amount of Each Receipt this Period

1050.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Ms Lisa Griesmer**

Mailing Address 12125 Summerwood Dr

City

Concord Twp

State

OH

Zip Code

44077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39784

Amount of Each Receipt this Period

210.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1393.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mary K Hart**

Mailing Address 9069 West Bottsford Avenue

City  
Greenfield

State Zip Code  
WI 53228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.39788**

Amount of Each Receipt this Period

255.50

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Alan Hash**

Mailing Address 9496 South Dunbar Circle

City  
South Jordan

State Zip Code  
UT 84095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.39789**

Amount of Each Receipt this Period

360.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin C Henricks**

Mailing Address 23636 W. Chicago St. Unit 102

City  
Plainfield

State Zip Code  
IL 60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

943.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.39791**

Amount of Each Receipt this Period

574.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1189.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Deborah Cox Hilgenberg**

Mailing Address 74-062 Scholar Lane W

City

Palm Desert

State

CA

Zip Code

92211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39792

Amount of Each Receipt this Period

468.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Rodger J Hogan**

Mailing Address 101 Mercury Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39796

Amount of Each Receipt this Period

260.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Michele A Holan**

Mailing Address 2707 Castleton Avenue

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39797

Amount of Each Receipt this Period

175.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

903.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Sharon E Hollins

Mailing Address 3311 Gallatin Rd

City State Zip Code  
 Toledo OH 43606

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2923.12

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.39798

Amount of Each Receipt this Period

0.08

Payroll Contribution

Full Name (Last, First, Middle Initial)

B. Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City State Zip Code  
 Wellington FL 33414

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.39799

Amount of Each Receipt this Period

1050.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

C. Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City State Zip Code  
 Perrysburg OH 43551

FEC ID number of contributing federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2538.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.39800

Amount of Each Receipt this Period

1615.32

Payroll Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2665.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Rebecca S Jablon**

Mailing Address 3349 Fairbanks Ave

City  
TOLEDO

State Zip Code  
OH 43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.39804

Amount of Each Receipt this Period

200.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Mr. Frank Jannazo**

Mailing Address 3466 Country Farms Road

City  
Oregon

State Zip Code  
OH 43616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation  
Director Accounts Receivable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.39807

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Cheryl Jashinsky**

Mailing Address N4129 31st Road

City  
Pound

State Zip Code  
WI 54161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.39808

Amount of Each Receipt this Period

350.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Diane Johnson**

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1646.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : SA11AI.39810**

Amount of Each Receipt this Period

866.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Nicholas B Johnson**

Mailing Address 3106 Ashburn Lane

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Admission Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : SA11AI.39811**

Amount of Each Receipt this Period

364.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Robert G Julius**

Mailing Address 3321 Pelham Rd

City

Ottawa Hills

State

OH

Zip Code

43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2059.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : SA11AI.39814**

Amount of Each Receipt this Period

1211.56

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

2441.56

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Elizabeth M Kaczor**

Mailing Address 1689 Rauch Rd

City

Temperance

State

MI

Zip Code

48182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP HR Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39815**

Amount of Each Receipt this Period

280.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Rodney S Keefer**

Mailing Address 15126 Ridgeview Dr

City

Clive

State

IA

Zip Code

50325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.85

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39818**

Amount of Each Receipt this Period

296.10

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Kimberly Kenyon**

Mailing Address 6857 Northbeech Court

City

Hudsonville

State

MI

Zip Code

49426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39819**

Amount of Each Receipt this Period

140.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

716.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Dan Kight**

Mailing Address 2013 Orchard Rd

City State Zip Code  
 Toledo OH 43606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Mgr^ Pharmacy Ops Sprt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.39820

Amount of Each Receipt this Period

260.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Kathryn C Kondolf-Harmer**

Mailing Address 6421 Crews Lake Hills Loop West

City State Zip Code  
 Lakeland FL 33813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.39821

Amount of Each Receipt this Period

240.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mark Kruzel**

Mailing Address 26215 Black Oak Ct

City State Zip Code  
 Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Accounting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.39823

Amount of Each Receipt this Period

280.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Lanning**

Mailing Address 806 Copley Lane

City

Silver Spring

State

MD

Zip Code

20904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Vice President, Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39824**

Amount of Each Receipt this Period

1750.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Michelle C Lasalle**

Mailing Address 2318 Bond Avenue

City

Drexel Hill

State

PA

Zip Code

19026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.60

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39825**

Amount of Each Receipt this Period

327.60

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Elliot Lekawa**

Mailing Address 13690 Highland Springs Ct

City

Wichita

State

KS

Zip Code

67235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39830**

Amount of Each Receipt this Period

616.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2693.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Ryan Locy**

Mailing Address 1425 Cody Parkway Apt. D

City  
Platteville

State Zip Code  
WI 53818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.27

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39831

Amount of Each Receipt this Period

260.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Mr. Richard Louwaert**

Mailing Address PO Box 152

City  
Decatur

State Zip Code  
MI 49045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39832

Amount of Each Receipt this Period

140.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Carrie Lund**

Mailing Address 14802 Dunston Place

City  
Tampa

State Zip Code  
FL 33618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39834

Amount of Each Receipt this Period

160.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine R Marrero**

Mailing Address 1216 North Main Street

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39835**

Amount of Each Receipt this Period

195.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Frances Mastel**

Mailing Address 1807 Derian Drive

City

Aberdeen

State

SD

Zip Code

57401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39839**

Amount of Each Receipt this Period

210.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Ms. Janet Mastrangelo (Howells)**

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39840**

Amount of Each Receipt this Period

896.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1301.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Jill Matelan**

Mailing Address 312 N. Franklin St

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39841

Amount of Each Receipt this Period

420.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Murry Mercier**

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39843

Amount of Each Receipt this Period

2660.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Daniel J Mikus**

Mailing Address 809 Oak Avenue

City

Linwood

State

NJ

Zip Code

08221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.06

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39844

Amount of Each Receipt this Period

316.03

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3396.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Miller**

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1158.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39845**

Amount of Each Receipt this Period

780.50

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Allison M Morrow**

Mailing Address 16671 Bennett Road

City

North Royalton

State

OH

Zip Code

44133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39851**

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Robert Moser**

Mailing Address 1404 Riverwalk Court

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Manager Employee Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.54

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39853**

Amount of Each Receipt this Period

269.22

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1399.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Tom Myers**

Mailing Address 24927 Prairie Crossing

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Ops Support - Central

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.39858**

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Ms Joylin Nation**

Mailing Address 15985 Voyageurs Place

City State Zip Code  
West Palm Beach FL 33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.10

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.39859**

Amount of Each Receipt this Period

230.82

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Robert K Nealon**

Mailing Address 107 Sibley Avenue

City State Zip Code  
Taylor PA 18517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

**Transaction ID : SA11AI.39860**

Amount of Each Receipt this Period

504.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1084.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Stacy Nies**

Mailing Address 178 Pheasant Drive

City

Fond du Lac

State

WI

Zip Code

54935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.39862

Amount of Each Receipt this Period

130.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Eric O'Neill**

Mailing Address 4009 East Braeburn Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.39864

Amount of Each Receipt this Period

560.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Ms Leslie Ohm**

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.39863

Amount of Each Receipt this Period

560.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Patricia A Otterbeck**

Mailing Address 2445 Madiera Lane

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39867

Amount of Each Receipt this Period

246.68

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Nadja Papillon**

Mailing Address 5044 NW 90th Terrace

City

Coral Springs

State

FL

Zip Code

33067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39868

Amount of Each Receipt this Period

60.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Brian W Perry**

Mailing Address 3 Exmoor

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

AVP-Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39869

Amount of Each Receipt this Period

400.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

706.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Tracy L Peterson**

Mailing Address 6865 Poplar Drive

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.48

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.39870

Amount of Each Receipt this Period

336.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Ms Karen Phelps**

Mailing Address Route 4, Box 87P

City

Tecumseh

State

OK

Zip Code

74873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Manager Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.39871

Amount of Each Receipt this Period

420.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Jessica Prescott**

Mailing Address 6532 Raintree Ct.

City

Canton

State

MI

Zip Code

48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.39872

Amount of Each Receipt this Period

54.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Mary T. Reagan**

Mailing Address 925 Main Street

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Easton

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39873

Amount of Each Receipt this Period

280.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Barbara Reigel**

Mailing Address 112 Center Street

City

Bridgeport

State

PA

Zip Code

19405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mobile ADNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

629.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39875

Amount of Each Receipt this Period

185.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Patricia B Richards**

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.28

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39877

Amount of Each Receipt this Period

420.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

885.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Damian M Rodgers**

Mailing Address 4647 Calico Court

City  
Monclova

State Zip Code  
OH 43542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.

Occupation  
Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39878**

Amount of Each Receipt this Period

630.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. David R Roth**

Mailing Address 5257 Bentwood Drive

City  
Mason

State Zip Code  
OH 45040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare Inc.

Occupation  
Director Of Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1235.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39880**

Amount of Each Receipt this Period

672.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Mr. Rick Rump**

Mailing Address 2423 Heather Glen

City  
Maumee

State Zip Code  
OH 43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.

Occupation  
Director of Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1553.24

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39881**

Amount of Each Receipt this Period

840.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2142.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Elizabeth Runser**

Mailing Address 216 Drake Circle

City

Cranberry Twp.

State

PA

Zip Code

16066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39882**

Amount of Each Receipt this Period

269.22

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Mary Jane Ruppert**

Mailing Address 603 North Blackhoof St.

City

Wapakoneta

State

OH

Zip Code

45895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Sr Dir 4H Compliance and Edu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.24

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39883**

Amount of Each Receipt this Period

140.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark Schroepfer**

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39885**

Amount of Each Receipt this Period

325.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

734.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Edward Schuch**

Mailing Address 304 Adriana Court

City

Northampton

State

PA

Zip Code

18067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39886

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Jennifer M Snider**

Mailing Address 824 S Genoa Clay Center Rd

City

Genoa

State

OH

Zip Code

43430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare LLC

Occupation

Managed Care Manager - CBO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39894

Amount of Each Receipt this Period

215.60

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Laura M Stengel**

Mailing Address 24228 East Arapahoe Place

City

Aurora

State

CO

Zip Code

80016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.68

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39895

Amount of Each Receipt this Period

286.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

851.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Jonathon Stipanovich**

Mailing Address 8428 Orhan Street

City

Canton

State

MI

Zip Code

48187

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.70

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39899**

Amount of Each Receipt this Period

284.70

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Laurie C StPierre**

Mailing Address 2120 Addison

City

Clermont

State

FL

Zip Code

34711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director Case Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.07

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39900**

Amount of Each Receipt this Period

644.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Talbert**

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.39902**

Amount of Each Receipt this Period

840.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1768.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Holly R Townsend

Mailing Address 319 Forrest Drive

City

Gettysburg

State

PA

Zip Code

17325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39908

Amount of Each Receipt this Period

238.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

B. Virginia Ellen Tritinger

Mailing Address 9201 Mary Street

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrative Director of Nursing Srv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39909

Amount of Each Receipt this Period

84.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

C. Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2094.68

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39910

Amount of Each Receipt this Period

1260.00

Payroll Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1582.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Ms Karen L Vincent**

Mailing Address 642 Sheridan Road

City	State	Zip Code
Racine	WI	53403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.39911

Amount of Each Receipt this Period

195.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B. Ms Jill H Vinson**

Mailing Address 4679 McKinley Street

City	State	Zip Code
Dearborn Heights	IL	48125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR ManorCare, Inc.Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.39912

Amount of Each Receipt this Period

105.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**C. Eliza Beth Weatherholtz**

Mailing Address 1368 Fritztown Road

City	State	Zip Code
Reinholds	PA	17569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HCR Manor Care, Inc.Occupation  
National Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.39913

Amount of Each Receipt this Period

220.00

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

520.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. Benjuiman Young**

Mailing Address 7822 NE 24th Ct.

City

Vancouver

State

WA

Zip Code

98665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39914

Amount of Each Receipt this Period

448.50

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **B. Julie A Yoxtheimer**

Mailing Address 249 E Pearl St

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Sr Reimbursement Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39915

Amount of Each Receipt this Period

350.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

## **C. Cynthia M Zalewski**

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39917

Amount of Each Receipt this Period

807.66

Payroll Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1606.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Nicole Zimmerman**

Mailing Address 314 Wolfenden Ave

City

Collingdale

State

PA

Zip Code

19023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.39918

Amount of Each Receipt this Period

72.00

Payroll Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

72.00

51646.87



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

## **A. FRIENDS OF JOHN BOEHNER**

Mailing Address 7908 Cincinnati Dayton Road

Suite I

City

State

Zip Code

West Chester

OH

45069

FEC ID number of contributing  
federal political committee.

**C** C00237198

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**11** / **27** / **2015**

**Transaction ID : SA16.39704**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
HCR MANOR CARE PAC

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, and a mix). The first display shows '10', the second shows '03', and the third shows '2015'. They are separated by slashes.

Category/  
Type

123.95

Category/  
Type

31.55

Category/  
Type

24.95

180.45

180.45

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICA'S LEADERSHIP PAC**Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

**Transaction ID : SB23.39691**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BENNET FOR COLORADO**

Mailing Address 1900 GRANT STREET SUITE 1170

City DENVER State CO Zip Code 80203

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : SB23.39708**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

**Transaction ID : SB23.39453**

Amount of Each Disbursement this Period

15000.00
----------

**SUBTOTAL** of Disbursements This Page (optional).....▶

21000.00
----------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. BRIDGE PAC**Mailing Address 499 SOUTH CAPITAL STREET  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

**Transaction ID : SB23.39712**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. ROBERT P JR CASEY**

Mailing Address PO BOX 58746

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2015

**Transaction ID : SB23.39698**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**Mailing Address 430 SOUTH CAPITOL STREET, SE  
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Donation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

**Transaction ID : SB23.39692**

Amount of Each Disbursement this Period

10000.00
----------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18000.00
----------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2015

Mailing Address 120 MARYLAND AVENUE NE

City	State	Zip Code
WASHINGTON	DC	20002

**Transaction ID : SB23.39718**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PAT TOOMEY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Mailing Address 2720 JORDAN ROAD

City	State	Zip Code
OREFIELD	PA	18069

**Transaction ID : SB23.39696**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 00

Full Name (Last, First, Middle Initial)

**C. IOWA HEALTH PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2015

Mailing Address 1775 90th St

City	State	Zip Code
West Des Moines	IA	50266

**Transaction ID : SB23.39695**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement

Candidate Name

Category/  
Type**Transaction ID : SB23.39713**

Amount of Each Disbursement this Period

7500.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement

Candidate Name

Category/  
Type**Transaction ID : SB23.39714**

Amount of Each Disbursement this Period

7500.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. PROSPERITY ACTION INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Mailing Address 1006 PENDLETON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement

Candidate Name

Category/  
Type**Transaction ID : SB23.39717**

Amount of Each Disbursement this Period

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

HCR MANOR CARE PAC

**A. REPUBLICAN PARTY OF KENTUCKY**

Date of Disbursement

Transaction ID : SB23.39711

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

2500.00

## B. Volunteers for Shimkus

Date of Disbursement

Transaction ID : SB23.39709

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

1000.00

**C.**

Date of Disbursement

City	State	Zip Code
------	-------	----------


Category/  
Type

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

3500.00

**TOTAL** This Period (last page this line number only).....

70500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**HCR MANOR CARE PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Patton**

Mailing Address 17157 Rabbit Run Drive

City	State	Zip Code
Strongsville	OH	44136

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2015

**Transaction ID : SB29.39703**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Romanchuk for State Representative**

Mailing Address 3306 Oakstone Drive

City	State	Zip Code
Mansfield	OH	44903

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : SB29.39934**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Sprague for State Representative**

Mailing Address 220 West Sandusky Street

City	State	Zip Code
Findlay	OH	45840

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

**Transaction ID : SB29.39933**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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2000.00
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